

**COMMUNITY HEALTH SERVICES
COMMUNITY HEALTH CARE COLLABORATIVE
(CHCC)
GRANT APPLICATION**

General Information and Instructions

Prepared By:

Community Health Services
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General Information

New Grant Funding Opportunity

The Community Health Care Collaborative (CHCC) Grant program was established by E2SSB Chapter 67, Laws of 2006 to enhance and support the development of collaborative community-based organizations in developing innovative health care delivery models that can be replicated throughout the state. The Washington State Health Care Authority (HCA) is authorized to provide competitive grant awards to eligible community-based organizations. Community Health Services (CHS) is responsible for implementing and administering the grant program.

Purpose

The intention of the program is to provide grants to eligible community-based organizations to support and enhance efforts to increase access to appropriate, affordable health care for Washington residents. It is particularly intended to serve employed, low-income persons who are uninsured and underinsured, through local programs that address:

- 1) Access to medical treatment;
- 2) Efficient use of health care resources; or
- 3) Improve of quality of care

Award Information

- Total funding: \$1.4 million for a two-year grant cycle.
- Award amount: Up to a maximum of \$250,000 (pursuant to ESSB 6376 Section 213(12), Chapter 67, Laws of 2006) with matching funds of \$2.00 for every \$1.00 awarded.
- Duration of grant cycle: Two-year period with the condition of satisfactory progress by the recipient. Continued eligibility is determined through quarterly reports and an annual review to ensure the program/project meets CHCC's objectives.
- Anticipated award date: April 1, 2007 pending pre-award site visit.

Successful Applicants

Successful applicants will be notified of their potential award by February 28, 2007. Pre-award site visits will be conducted during February and March 2007 to ensure applicant's ability to achieve the CHCC grant objectives. Contracts will be established with successful applicants in March 2007.

Disbursement of Funds

Disbursement of funds will be on a quarterly basis. Half of the total amount awarded will be distributed in the first year of the grant, on a quarterly basis. Distribution will be made no later than

the 15th of the first month of the quarter. Initial disbursement of funds for the first year will begin April 2007, pending a site visit review.

The second year of funding will be disbursed following a review of recipient's performance and a satisfactory determination by the HCA administrator. Quarterly performance reports will be reviewed to determine program/project progress and level of achievement in meeting grant objectives. Review of first year achievements will take place in March 2008. Disbursement of second half of funds begins April 2008 and will continue on a quarterly basis.

Key Dates

- **Application due date: ~~January 2, 2007 at 4:00 pm PST.~~ Extended to January 5, 2007 at 4:00 pm PST.**
- Announcement of potential awards: February 28, 2007.
- Disbursement of funds: April 2007.
- Quarterly reporting begins: July 15, 2007.
- Review of recipients' progress: March 2008.
- Disbursement of second half of funds begins April 2008.

Eligibility Criteria

Applicants must show:

1. Evidence of private, non-profit, tax-exempt status incorporated in Washington State, or public agency status under the jurisdiction of a local, county, or tribal government;
2. Evidence of the specific geographical region served and a formal collaborative governing structure by documentation that may include, but is not limited to:
 - a. Bylaws;
 - b. Agreements;
 - c. Contracts;
 - d. Memorandum of understanding
 - e. Minutes;
 - f. Letters; or
 - g. Other communications;
3. Amount of funds requested and how the dollars will be spent; and
4. Data to evaluate program progress and grant objectives.

Application Criteria

Applications will be evaluated competitively on the following:

1. Clear description of the size of organization, program objectives, and target population;
2. Ability to meet the documented health care needs in a specific region;
3. Engagement of local community, including but not limited to governmental entities, school districts, large and small businesses, nonprofit organizations, carriers, health care providers and, and public health agencies;
4. Sustainability and financial viability of the program/project;

5. Methods to streamline administrative practices (administrative simplification) affecting health care delivery;
6. Innovative health care delivery models and potential for replication in other parts of the state;
7. Performance data must be sufficient to evaluate program/project progress and meet the requirements of the authority. The measures must:
 - a. Address the CHCC program objectives (reference in the “Purpose” section above);
 - b. Address the documented health care needs specific to identified region;
 - c. Be qualitative and quantitative;
 - d. Be meaningful and measurable;
 - e. Include a baseline; and
 - f. Serve as a means to determine successful program/project progress.
8. Matching funds of \$2.00 for each \$1.00 requested are required. Matching funds include cash and in-kind resources. Emphasis will be placed on fund contributions from the local community to show the level of commitment from the community for local programs. For the purposes of this grant opportunity, matching funds must be a direct match, not a duplication or matched to other funds. Additionally, matching funds may include:
 - a. Both new and existing funds;
 - b. Funding from local governments and the federal government (earmarked for programs aligned with the CHCC’s three objectives referenced in the “Purpose” section above);
 - c. Local grants such as corporate, community, family or private foundations, or other charitable organizations;
 - d. Volunteer services that are documented and furnished by professional and technical personnel, consultants, and other skilled or unskilled labor. Rates for volunteer services must be consistent with those paid for similar work in the labor market;
 - e. Donated supplies such as expendable property and office supplies at the market value of the property at the time of the donation; and
 - f. Equipment, buildings, or land at the market value of the property at the time of donation.

Excluded from matching funds are:

- a. Washington State Health Care Authority or other state programs; and
- b. Revenues generated through third-party payers.

Note: Pursuant to SB6386, funds for activities such as outreach to help people sign up for Medicaid or State Children’s Health Insurance Program (SCHIP) could qualify for a Medicaid Administration Match (MAM). For questions regarding MAM contact:

Department of Social and Health Services
Alan Himsl, Section Manager
PO Box 45508
Olympia, WA 98504-5508
Phone: (360) 725-1647
Fax: (360) 586-9585

Reporting Requirements

Quarterly reports will consist of providing an update on the Performance Measures for each quarter. The deadlines are:

- July 15, 2007
- October 15, 2007
- January 15, 2008
- April 15, 2008
- July 15, 2008
- October 15, 2009
- January 15, 2009
- April 15, 2009

Monitoring/site visits

- Pre-award site visits will take place during February and March 2007.
- Periodic site visits will take place for the purpose of technical assistance and contract monitoring.

INSTRUCTIONS

APPLICATION CONTENT

Cover page

1. Provide organization name, program/project name, and submission date.

Agency Information and Signature Page

1. Provide all information requested on information sheet.
2. Supplemental documentation must be submitted with the original application.
3. Provide original signature of the Executive Director, Chair/President (required).

Narrative Section

1. Follow the guideline in the application to complete sections I through IV, addressing all elements.
2. Address activities to be conducted over the two year duration of the grant in narrative descriptions.
3. Do not exceed the page limits provided.
4. Maximum points are indicated in the guideline.

Performance Measures & Outcomes

Table 1 Program/Project Goals and Objectives.

1. Goals should be a broad based statement of the ultimate result.
 - Example: All Washington residents will have access to quality affordable health care.
2. Objectives should be specific, measurable, achievable, realistic and within a timeframe.
 - Example: To increase coordination for fifty patients needing specialty care treatment within six months. (Objectives generally start with wording that suggests a purpose: to reduce, to increase, to decrease, to impact, etc.).

Table 2 Performance Measures

1. Goal number and objective number should concur with information in Table 1.
2. Activities should reflect the actions that are taken to achieve program/project objectives.
3. Outcomes should reflect the benefits or improvements resulting from the activities.
4. Indicators should reflect the data that will be collected to measure the outcome.
5. Indicate baseline data.
6. Target data should reflect a projected level of success.
7. Timeline should reflect when the result will be accomplished. Results must be within the grant period.

Budget

1. The budget sheets should include **financial information for the organization (or total agency) as well as the program/project**.
2. Double click on the budget table to enter data. You can only enter data into the green cells.
3. As you enter data, the totals will be automatically calculated.
4. If additional budget sheets are needed, contact CHS at (360) 923-2773.
5. Tables 3-7 are self-explanatory.

APPLICATION SUBMISSION

Format

An application must include the following:

- One original paper application held together by clips, not bound in any other way.
- One copy of all supplemental documents.
- Six CD copies of the application.
 - If you cannot provide CD's, contact us to make alternative arrangements.
- Please use 11 point font, single-spaced.

Non-responsive applications will not be entered into the review process

- Application submitted after **January 5, 2007 at 4:00 pm PST** will be late and considered non-responsive.
- Request for funding in amounts **greater than \$250,000** will be considered non-responsive.
- **Incomplete applications** will be considered non-responsive.

**Completed applications must be received no later than ~~January 2, 2007, 4:00 pm PST.~~
January 5, 2007, 4:00 pm PST.**

Send to either:

US Postal Service:

Health Care Authority
Community Health Services
P.O. Box 42721
Olympia, WA 98504-2721

FedEx:

Health Care Authority
Community Health Services
676 Woodland Square Loop, SE
Lacey, WA 98506

For additional information contact:

Jan Ward Olmstead, Program Manager
Washington State Health Care Authority
hcachcc107@hca.wa.gov
(360) 923-2803